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10/040078
20/03/02

Box Patent Application
Assistant Commissioner for Patents
Washington, District of Columbia 20231

Sir

Please file the following enclosed patent application papers:

Applicant #1, Name: Yao-Dong Ma

Applicant #2, Name: _____

Title: Localized Driving Means For Cholesterics Displays

☒ Specification, Claims, and Abstract. Nr. of Sheets 18

☒ Declaration Date Signed: 01-03-2002

☒ Drawing(s) Nr of Sheets Enc: Formal: 3 Informal: _____

☒ Small Entity Declaration of Inventor(s) ☐ SED of Non-Inventor / Assignee / Licensee

☐ Assignment enclosed with cover sheet and recordal fee; please record and return.

☒ Check for \$ 395.00 for:

☒ \$ 395.00 for filing fee (not more than three independent claims and twenty total claims are presented).

☐ \$ _____ additional if Assignment is enclosed for recordal.

☐ Disclosure Document Program reference letter.

☐ Pursuant to 35 U.S.C. §119(e)(1), applicant(s) claim priority of Provisional Patent Application Ser. Nr. _____
filed _____

☒ Return Receipt Postcard Addressed to Applicant #1

☒ **Request Under MPEP § 707.07(j):** The undersigned, a pro se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.

Very respectfully,

YD Ma
Applicant #1 Signature

Applicant #2 Signature

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Address (Send Correspondence Here)

Address

San Jose, CA 95132

Express Mail Label #

ET 843146968 US

; Date of Deposit 01-03-2002

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Box Patent Application
Assistant Commissioner for Patents
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Fee Transmittal

First-Named Applicant Yao Dong Ma
Title of Invention: " Localized Driving Means For Cholesterics Displays "
Total Payment Enclosed (From Calculation Below): \$ _____ ☒ Check ☐ Money Order

Sir:

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee (\$)
214	Provisional Pat. Appn. Filing Fee	
201	Basic Utility Appn. Filing Fee	<u>395.00</u>
206	Basic Design Appn. Filing Fee	
	Subtotal (1)	<u> </u>
203	Total Claims _____ - 20 = _____ ; X _____ (fee for each claim over 20) = _____	
202	Tot. Indep. Claims _____ - 3 = _____ ; X _____ (fee for each indep. claim over 3) = _____	
	Subtotal (2)	<u> </u>
	Total Payment Enclosed [Sum of Subtotals (1) and (2)]	<u>395.00</u>

Very respectfully, YD Ma
Signature of First-Named Applicant

Print Name of First-Named Applicant

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